if accessible, but it is easier to fulgurate the multiple adenomatous polypi. Excision of the bowel must be considered when so many are present as to prevent local treatment, since they are definitely capable of becoming malignant.[1]

A rare tumor of the rectum is the villous growth or papilloma with many delicate fronds like that in the urinary bladder. This may likewise become malignant at the base, and excision is indicated.

In the walls of the rectum a true fibroma, myoma, or lipoma may occur. Sarcoma[2] also is found and if of a melanotic nature, is very dangerous owing to rapid blood-stream infection. It causes less pain than carcinoma and ulcerates less quickly. Radical and early excision is indicated. Hodgkin's disease has been seen in the rectum by the writer. It occurs in the lymph follicles beneath the mucous membrane.

The pararectal tumors are mainly chondroma, endometrioma, dermoid, teratoma, sacrococcygeal tumor, and chordoma. The chondroma creates a large mass in the hollow of the sacrum, and constricts the rectum; its presence may be confirmed by the roentgen rays. The endometrioma occurs in women and bleeds irregularly at the menstrual period. Removal or irradiation of the ovaries should be performed before removal of the rectum, if this latter operation appears advisable. The dermoid is a postrectal tumor arising from the sexual cells of the germinal ridge, while the teratoma presents tissues arising from full differentiation of the original impregnated cell. The dermoid is epiblastic only. But the sacrococcygeal tumor is of neurenteric origin having columnar epithelium, fat and muscle, but no bone. The chordoma is found behind or in front of the sacrum as well as at the base of the skull and behind the pharynx. It originates from nerve tissue like the suprarenal cortex and shows a similar foamy cell in its structure. For all these growths excision is indicated.

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Ophthalmology

Telescopic Spectacles—One of the advances made in recent years in the manufacture of spectacles for individuals with very poor vision has been the telescopic spectacle by Zeiss. This is a compound lens, consisting of a convex anterior lens and a concave posterior lens, the latter also containing the patient's correction for ametropia. The effect is that of about a two-power opera glass. As the lenses are compound, they are easier to fit if the patient has only one useful eye, for the visual axes of the lenses must be very accurately adjusted to prevent diplopia where both eyes are used. Gradle and Stein[1] report sixteen cases where telescopic lenses were fitted to give better vision to patients who had poor vision due to incipient cataract, choroiditis, high myopia, and amblyopia. In all these cases the vision was doubled or better, and with the addition of an object lens slipped over the front of the distance glasses reading vision was obtained. They emphasize the necessity for perseverance and trial of the lenses, and even then many patients will not wear them. In my own limited experience I found only one out of five patients examined who would accept the telescopic lens for wear.

The patient's full correction of his ametropia is given in addition to the telescopic unit. The vision is increased two or more times, that is, a patient with a vision of 20/100 will get 20/50 or 20/40 with the telescopic unit. A patient with a vision of 20/70 or 20/100 cannot read newspaper print with ordinary glasses, but with the telescopic unit and the addition of a plus sphere of three to eight diopters over the objective he can usually read newspaper print. The field is large enough to follow the lines continuously. The distance field of vision is restricted to 24 degrees with the telescopic lens.

The conditions in which the lenses may be used are mentioned above, and include incipient cataract, corneal opacity, high myopia, retinochoroidal changes, and amblyopia. The patient must learn to judge distance with the new lens, as everything appears much closer to him. Many of the combinations must be ordered from Germany; the price of the lenses is from $50 to $75. The adjustment of the spectacles is difficult and many patients will not persevere enough to get accustomed to them.

Recently Mayer[2] reports a series of eighty-five eyes examined, in which sixty showed improvement with telescopic lenses. But he also emphasizes the difficulty of becoming accustomed to the lenses, especially where they are prescribed for both eyes.

The feature that seems to be most attractive is the possibility of giving patients reading vision with the telescopic lens who cannot read with ordinary lenses.

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Surgery

Hernia—The operation of hernioplasty, in spite of many improvements, is still followed by a high incidence of recurrence of the hernia. This is partly due to the practice of permitting younger members of the staff to perform the operation on ward patients, and partly to a feeling, no doubt inspired by this practice, that it is a simple procedure which anyone may perform after one or two trials. As a consequence of this very limited experience in seeing and doing hernioplasties, a standard procedure is adopted and attempts are made to apply this one procedure to all forms and degrees of hernia. Nothing could be subject to greater criticism.

The conditions essential for the cure of the inguinal hernias are:

1. A high ligation and complete extirpation of the sac.

2. The approximation of adequate tissues with-